

**Notice:** Completion of this information is mandatory under ch. NR 406.04, 410.05 and 447.07, Wis. Adm. Code. Penalties for failure to provide complete information requested include forfeitures of \$10 to \$25,000, fines of up to \$25,000 and imprisonment for up to six months. This form may be used to meet the notification requirements for the Department of Health and Family Services, Wis. Adm. Code 159. Personally identifiable information provided may be matched with other private, state, and federal agencies.

**Submit Form:** Return completed form to the appropriate office(s) listed on page 2. The DNR does not accept FAXed copies of original or revised notifications.

SHADED AREAS ON THIS FORM ARE FOR DNR USE ONLY.

1. Contractor Project #:	2. Postmark:	3. Date Received:	4. DNR File #:									
5. Type of Notification: <input type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Cancellation <input type="checkbox"/> Emergency: Date/Hr Notified: ____/____/____ :____ <input type="checkbox"/> Other (Explain): _____		6. Type of Project: <input type="checkbox"/> Renovation/Abatement <input type="checkbox"/> Emergency Renovation/Abatement <input type="checkbox"/> Planned Renovation/Abatement (Annual) <input type="checkbox"/> Demolition <input type="checkbox"/> Ordered Demolition <input type="checkbox"/> Fire Training Burn Asbestos Present? (Circle one):    Yes    No										
7. Date (MM/DD/YY) of <b>DNR Required Pre-Project Asbestos Inspection</b> : Start: _____ End: _____		8. <b>Inspector Certification Information</b> : Name: _____ WI Inspector #: _____										
9. Dates (MM/DD/YY) of <b>Asbestos Abatement</b> : Start: _____ End: _____ Work Shift(s):    1    2    3    Weekend: _____		10. Dates (MM/DD/YY) of <b>Renovation/Demolition</b> : Start: _____ End: _____ Work Shift(s):    1    2    3    Weekend: _____										
11. <u>Abatement Contractor</u> : Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____		12. <u>Demolition Contractor</u> : Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____										
13. <u>Facility Information</u> : Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ Prior Use: _____ Present Use: _____ Age (Yrs): _____;    Size (Sq.Ft.): _____ Number of Floors: _____;    Number of Apartment Units: _____ County: _____    DNR Region: _____ Number of structures to be demolished: _____		14. <u>Facility Owner</u> : Name: _____ Address: _____ _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ 15. <u>Waste Disposal Site/Transporter</u> : Name: _____ Address: _____ City, St, Zip: _____ Contact Person: _____ Telephone #: _____ DNR License Number: _____										
16. Amount of Asbestos, including: A. Regulated Friable Asbestos/RACM to be removed. B. Category I & II ACM <u>TO BE</u> removed. C. Category I & II ACM <u>NOT</u> removed.		A. Friable Asbestos/RACM <u>TO BE</u> removed	B. Nonfriable Asbestos Material <u>TO BE</u> removed <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CAT I</td> <td style="width:50%;">CAT II</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	CAT I	CAT II			C. Nonfriable Asbestos Material <u>NOT</u> removed before demolition <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CAT I</td> <td style="width:50%;">CAT II</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	CAT I	CAT II		
CAT I	CAT II											
CAT I	CAT II											
Pipes (Linear Feet)												
Surface Area ( Square Feet)												
Volume Friable ACM off facility component (Cubic Feet)												
17. <b>Asbestos Abatement/Demolition Fees</b> - <i>Check or money order must be submitted with notification to DNR Asbestos Coordinator</i>												
Project Type	Quantities to be Abated * Refer to Box 6 and Box 16 to determine fee submittal amount * Make checks payable to WI Dept. of Natural Resources	Check Amount Due	Amount Rec'd By DNR									
Demolition	Less than 160 square and 260 linear feet of friable or any amount of nonfriable ACM	<input type="checkbox"/> \$50										
Reno/Demo	At least 160 sq. or 260 ln. ft. friable asbestos/RACM but less than 1000 combined feet	<input type="checkbox"/> \$150										
Reno/Demo	Combined square & linear feet friable asbestos/RACM quantities of at least 1000 feet	<input type="checkbox"/> \$335										

18. Indicate the inspection procedure, including analytical methods, used to detect the presence or absence of the ACM

19. Description of the asbestos material involved and its location in the facility to be demolished/renovated:

20. Description of renovation/abatement and/or demolition work, including specific abatement/demolition method(s) to be used:

21. Description of abatement work practices/engineering controls and waste handling procedures, specific to this site, used in preventing ACM emissions:

22. Description of procedures to be followed if asbestos not previously identified is found or previously nonfriable asbestos becomes crumbled, pulverized or reduced to a powder:

23. If an emergency abatement, complete the following information (attach additional sheets if necessary):

Date and Hour of Emergency: Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Time (12Hr Clock): \_\_\_\_:\_\_\_\_ a.m. p.m.

Description of sudden, unexpected event: \_\_\_\_\_

Explanation of how event caused unsafe condition, potential equipment damage or an unreasonable financial burden: \_\_\_\_\_

24. If an ordered demolition, identify the government agency issuing the order: (Attach a copy of the order.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authority: \_\_\_\_\_

Date of Order (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Order to begin (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

25. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition/renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

26. I certify that the above submitted information is correct to the best of my knowledge:

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

27. Indicate which of the following agencies/offices were sent a copy of the demolition/renovation notification. DNR has been delegated notification authority - USEPA no longer requires a copy of the notification. Note: Dry asbestos removal requests must be pre-approved by DNR, prior to required notification.

\_\_\_\_ Department of Natural Resources  
Asbestos Coordinator, AM/7  
Bureau of Air Management  
P.O. Box 7921  
Madison, WI 53707-7921

\_\_\_\_ Department of Health & Family Services  
Division of Public Health  
Asbestos/Lead (Pb) Section  
P.O. Box 2659  
Madison, WI 53701-2659

Copy Southeast Region if work will be conducted within Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, or Waukesha Counties.

\_\_\_\_ DNR – Southeast Region  
P.O. Box 12436  
Phone: (414) 263-8500  
Milwaukee, WI 53212